#### FORM COR-C/OH

# **CORRECTION AFFIDAVIT**

FORC	ANDIDATE/OFFICEHOLDER	R 6950			
	•				
1 ACCOUNT#	2 Total pages filed:	OFFICE USE ONLY			
3 CANDIDATE / MS MRS / MR OFFICEHOLDER NAME  1 ORIGINAL REPORT TYPE  July 15	FIRST MI  Arcus  LAST SUFFIX  Runoff Other (specify)  Exceeded \$500 limit	Date Received  25  Date Hand-delivered or Date Postmarked			
30th day before election	on 15th day after treasurer appointment (officeholder only)  n Final report	Receipt # S Amount  Legal Totals  Date Processed			
PERIOD COVERED Anoth Day	Year Month Day Year  THROUGH 6/30/08	Date Imaged			
Overlooked two contributions:  #100 contribution from Latinos for Texas  #150. in-Kind Contribution from the Allan  House.  These contributions are here added to the  original report.					
AFFIDAVIT  I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.					
Check ONLY if applicable:  I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me by  AFFIX NOTARY STAMP / SEAL ABOVE  Signature of Candidate of Diffice business originally filed was made in good faith.  Signature of Candidate of Diffice business originally filed was made in good faith.  NOTARY STAMP / SEAL ABOVE  Signature of Candidate of Diffice business originally filed was made in good faith.  Signature of Candidate of Diffice business originally filed was made in good faith.  NOTARY STAMP / SEAL ABOVE  Signature of Candidate of Diffice business originally filed was made in good faith.  NOTARY STAMP / SEAL ABOVE  Signature of Candidate of Diffice business originally filed was made in good faith.  Title of officer administering oath  Title of officer administering oath					
Remember To Attach Any Part Of The Campaign Finance Report Form					

**Needed To Report And Explain Corrections** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

15 C/OH NAME	who H.	Barrera	16 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	<ul> <li>This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this Information only if they receive notice of such expenditures.</li> </ul>				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ 1642,50		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1642,50 \$ 45260.38		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		· · · · · · · · · · · · · · · · · · ·		
	4. TOTAL POLITICAL EXPENDITURES		\$ 37.34.65		
CONTRIBUTION BALANCE	5. TOTAL P OF THE	DAY \$ 7331.31			
OUTSTANDING LOAN TOTALS	6. TOTAL F	* _ O -			
19 AFFIDAVIT			of perjury, that the accompanying report is information required to be reported by me		

MY COMMISSION EXPIRES April 23, 2012

AFFIX NOTARY STAMP / SEAL ABOVE

to certify which, witness my hand and seal of office.

(512) 463-5800

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

Official final Epocho of the first formation					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J): 4		
2 FILER NAME Carlos H. Barrera			3 ACCOUNT # (Ethics Commission filess)		
4 Date 3/2+108	5 Full name of contributor   out-of-state PAC (ID#:  The All On Hold  6 Contributor address; City; State; Zip Code  194 San Anthro  Austral			8 In-kind contribution description(if applicable)  Reutal 4  Event Sity  of Texas, complete Schedule T)	
9 Contributor's p	rincipal occupation,	10 Contributor's Job	title		
11 Contributor's employer/land firm  12 Law firm of contributor's spouse (If any)		у)			
13 If contributor is a shild, law firm of parent(s) (if any).					
5/20/08	Full name of contributor   out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
	Alistry Texas	•	(If travel outside	of Texas, complete Schedule T)	
Contributor's pr	Contributor's principal occupation				
Contributor's employer/law firm		Law firm of contributor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description(if applicable)	
			(if travel outside	of Texas, complete Schedule T)	
Contributor's pri	ricipal occupation	Contributor's job t	itle		
Contributor's en	ployer/law firm	Law firm of contrib	outor's spouse (if any	у).	
If contributor is a	child, law firm of parent(s) (If any)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.